

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/15/2010

CLAIMS

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

1

2

3

4

5

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TOTAL IND.

1

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TOTAL DEP.

0

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TOTAL CLAIMS

1

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

51

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TOTAL IND.

↓

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TOTAL DEP.

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TOTAL CLAIMS